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Bib Data Sheet

CONFIRMATION NO. 4749

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/047,804   | <b>FILING DATE</b><br>01/14/2002<br><b>RULE</b>   | <b>CLASS</b><br>705           | <b>GROUP ART UNIT</b><br>2162   | <b>ATTORNEY DOCKET NO.</b><br>CALE-002 |                                |
| <b>APPLICANTS</b><br>Shelia F. Cales, Farmersville, OH; <i>SW</i><br>Danny A. Cales, Farmersville, OH; <i>SW</i><br><b>** CONTINUING DATA *****</b> <i>SW</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>SW</i>  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED..</b> <b>SMALL ENTITY **</b><br><b>** 02/11/2002</b>  |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>SW</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>OH | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>8               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>Michael S. Neustel<br>2534 South University Drive, Suite No. 4<br>Fargo ,ND 58103  |   |                               |   |  |                                |
| <b>TITLE</b><br>Buyer protection service   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>370  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |